

Date of Inspection: _____ Time: _____ AM/PM		PAGE <u>1</u> OF <u>1</u>			
SITE PERIMETER / LANDFILLS					
WITHIN 24 HOURS OF A RAIN EVENT ($? \geq 0.5$ inches in 24 hours)					
EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
		OK	NOT OK		
PERIMETER RUN-OFF DIKES	Check for evidence of erosion, severe settling, signs of burrowing animals or deterioration.				
CELLS:	Check for erosion, settling and subsidence				
Inspector's Name: _____ Inspector's Signature: _____					
COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):					

IF STATUS NOT OK, MARK THE FOLLOWING

ENVIRONMENTAL DEPARTMENT CONTACTED: () YES () NO

REMEDIATION WORK ORDER ISSUED: () YES WORK ORDER # () NO